

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**FILED MAR 16 1940**

**8432**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
(b) Township 2 Primary Registration District No. 3039 Registered No. 70  
(c) City Nevada (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

45-3 Columbus Corriger Poland  
(a) Residence, No. 1195 N. Main St.        (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Missie Sue Poland  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1867  
7. AGE YEARS 72 MONTHS 9 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon County Missouri  
13. NAME Jacob Poland  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Sarah Jones  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennesse  
17. INFORMANT (ADDRESS) J. E. Poland Nevada Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park 2 - 21 1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways Funeral Service Nevada Mo.  
20. FILED 2 - 19 1940 Allen V. Hays Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1940  
22. I HEREBY CERTIFY that I attended deceased from Feb 16 1940 to Feb 19 1940  
I last saw him alive on Feb 16 1940 Death is said to have occurred on the date stated above, at 11 A m.  
The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis with terminal uraemia  
Other contributory causes of importance: Arteriosclerosis  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) OR King M. D.  
(Address) Nevada Mo.

RECEIVED  
District Health Officer No. 7,  
District Health 3-40-380  
District File Number 3-4-40  
Date Filed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1988

P. O. Address Nevada, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.